DOCUMENT RESUME

ED 207 239 EA 014 047

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TITLE Examining Management Success Potential.
PUB DATE Apr 81
NOTE 15p.; Paper presented at the Annual Meeting of the American Educational Research Association (Los Angeles, CA, April 13-17, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Administrator Characteristics; *Administrators; *Health Personnel; High Achievement; Higher Education; Measurement Techniques; *Models; *Predictive Measurement; *Success

ABSTRACT

The derivation of a model of management success potential in hospitals or health services administration is described. A questionnaire developed to assess management success potential in health administration students was voluntarily completed by approximately 700 incoming graduate students in 35 university health services administration programs nationwide during the fall of 1975. Similar items on the questionnaire felt to be critical to successful management were grouped and weighed by two judges. Indices derived were then factor analyzed, resulting in the four dimensions of dynamism, open-mindedness, balance, and experience. During the next step, all participating students were ranked on all indicies. The prediction of students' management success potential based on this model was contrasted with ratings assigned by six health services administration faculty on a subset of students ranked high and low on the dimensions of administrative success potential. The model suggests that there are four statistically independent and yet conceptually interrelated indicators that are predictive of potential management success in health service careers. One of the major assets of the model proposed may be to minimize inconsistency in human decision-making by reducing the risk of information overload and fatigue. (Author/MLF)

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EXAMINING MANAGEMENT SUCCESS POTENTIAL

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Introduction

Over the past twenty-five years different approaches have been advanced to describe effective management performance. The most significant early contribution suggested a rudimentary model consisting of technical, human and conceptual skills.[1] It was felt that most, if not all administrators, could become effective or increase their effectiveness by developing their competence in these three basic, overlapping ability areas. Katz and others also recognized the importance of organizational factors,[2,3] genetic-early environmental influences,[4] learning experiences, and task approach skills[5] in performing management functions.

Another significant approach for the study of management effectiveness has emphasized the identification of behavioral traits or qualities which are characteristic of successful managers. Research has been conducted in a number of governmental and non-governmental settings, including the legal profession, the military, corporations, labor unions, and academia.[6,7,8,9,10,11] Some traits or qualities frequently mentioned included: Work persistence, broad-gauged intelligence, personal stability, physical and motivational staying power, and sensitivity in interpersonal relations.[12,13]

Model Development

An effort to integrate and extend the previous work has led to the development of a material model of management success potential in hospitals or health services management. The label "material model" refers to the purposes of the model which are to: Decipher theoretical concepts and laws in interpretable terms; suggest a basis for prediction between similar systems; permit continual interaction between theory and observations to explain

variances which occur; and demonstrate in familiar terms that the entities described by theory can logically, and perhaps also physically exist.[14]

The purpose of this paper is to describe the initial steps in deriving a material model of management success potential. During the first step a questionnaire was developed to assess management success potential in health administration students who may or may not have had health management experience. Items included on the questionnaire related to attributes that successful managers were to possess, gleaned from a literature review and supplemented by discussions with faculty and administrators in the field.

In the second step, a comprehensive questionnaire was voluntarily completed by approximately seven hundred incoming graduate students in thirty-five university health services administration programs nationwide during the fall of 1975. Similar items on the surveys felt to be critical to successful management were grouped and weighed by two judges. Indices derived were then factor analyzed, resulting in the four dimensions specified in Figure 1.

During the next step, all participating students were ranked on all indicies. The prediction of students' management success potential based on this classificatory material model was contrasted with ratings assigned by six health services administration faculty on a subset of students ranked high and low on the formative dimensions of administrative success potential. It will be necessary, of course, to collect additional data in the near future concerning achieved upward career mobility to substantiate the model's predictive validity.

Indicators of Management Success Potential

The material model suggests that there are four statistically independent and yet conceptually interrelated indicators which are predictive of potential

management success in health service careers. These four indicators are: Dynamism, open-mindedness, balance, and experience.

The indices displayed in Figure 1 are only limited examples of qualities relating to the indicators. They may vary considerably, depending upon individual interpretation, but some feel, based on previous studies of executives, the indicators to be critical dimensions necessary for successful management. A more detailed discussion of the derivation of indicators and indices is available from author[15]

Insert Figure 1 about here

Dynamism

A manager who scores high on dynamism might be characterized as an outgoing active participant in many professional, cultural, civic, and community organizations. Moreover, the individual's needs for independence and authority motivate this person to seek or accept leadership roles within such organizations. These same needs to be independent and give direction to others appear to be combined with a strong program developmental and/or community service orientation. Thus, this individual actively seeks to improve, integrate and/or supplement existing hospital and health services programs to more adequately serve the need of his or her community.[16,17,18,19]

Open-mindedness

Dynamic managerial performance underscores the need for and importance of open-mindedness. The data suggest that while age and flexibility are positively correlated, both are negatively correlated with technical ability. Thus, the younger the manager the greater, in general, his/her tolerance for differences, but the less his/her professional skill. This finding might suggest that managers in the health field who score high on open-mindedness may not "grow old" with increasing age and maturity. These managers may resist or avoid the

normal attitudinal and behavioral response tendencies toward inflexibility. A typical example being the assumption older people are more likely to view persons within social groupings, such as women, blacks, chicanos, etc., in terms of rigidly preconceived or socially patterned categories, labels, and/or stereotypes.[20] Furthermore, health services administrators who score high on open-mindedness may retain and possibly expand their ability to flexibly alter their behavioral responses in order to be congruent with the differing times and needs of diverse groups, health care systems or work situations. Thus, the managers would probably have little difficulty altering their leadership style, for example, from participatory (i.e., evocative or consultive) or authoritarian, in order to meet varied interpersonal, organizational, and situational dynamics.[21,22]

Balance

The balance indicator suggests that the successful manager would probably be capable of adaptively varying emotional response as well as their leadership style. These individuals tend to perform calmly and effectively in both every day and difficult interpersonal and organizational situations. Thus, they might manage with empathy, involvement, and sensitivity, with little apparent loss or sacrifice of objectiveity, firmness, and judgment.[24,25] In part, these individuals' stable equilibrium and ability to cope with pressure is enhanced by being able to openly assess their performance with co-workers, family members or friends about the normal difficulties, frustrations, etc., of health administration.[26] It had been demonstrated that this ability to engage in self-disclosure with an associate enables the managers to ventilate anxieties, concerns, and pressures, which in turn, facilitate productive goal seeking behavior.[27,28] Thus, the individuals who score high on balance tend to assertively approach the physical, mental and/or social demands, tasks and decisions of their work with commitment and a confident, optimistic attitude. Such an attitude generally produces

favorable outcomes and leads them to feel that most things turn out the way they want them to. In this sense, their self-appraisal is realistic and positive. This appears to be a characteristic with high relevance to the health administrator because institutions have many unclear relationships where they must negotiate among conflicting emotional and often irreconcilable interests.

Experience

The optimism, success, and positive self-appraisal of the manager may be grounded, in part, upon earlier significant health care administration training. The experience indicator demonstrates that it is probable that this individual gained considerable work experience in a research, technical or patient care setting before being admitted to a health service administration graduate program.[29] In addition, the individual who scores high on the experience indicator has an enthusiasm for learning and for original, creative contributions to man's knowledge. This person probably attended a highly regarded university health administration program and may have done so after earning a previous graduate degree in a medical, nursing, biological or technical field. Thus, it is likely this individual has done well academically and has demonstrated analytical and conceptual abilities.

Case Illustration

A highly successful administrator exemplifies the type of individual who might in all probability score high on each of the dimensions: experience, open-mindedness, balance, and dynamism.[30] He received his B.S. degree in biology and later an MBA in health care administration. In high school he worked as a hosptial cafeteria dishwasher; in college as a summertime hospital orderly; after college as a laboratory technician for a year and a half; and in graduate school as an administrative resident. Thus, he had broad experience before receiving his graduate degree.

After receiving his MBA and assuming administrative responsibilities, he demonstrated his open-mindedness in dealing with both patients and diverse employee groups by establishing and maint ining an "open-door" policy which encouraged spontaneous visits by both patients and employees. He augmented his open-door policy by circulating frequently throughout the hospital in order to have greater and more direct contact with both patients and employees.

His open-mindedness to patient concerns is matched by his balanced emotional sensitivity of their needs and feelings as well. He has demonstrated his emotional sensitivity, in part, by recognizing that it is the "extra kindness" of employees which is appreciated most by patients. Also, he established a special job classification of patient advocate or "ombudsperson" to assist patients in dealing with the hospital hierarchy and "its tyranny of procedures and arrogance of professionalism."[31] In addition, he has consistently provided support for the recommendations of the minority person by providing a minority liaison person to assist individuals who receive in- and out-patient care in the community.

His balanced sensitivity to patient concerns is exceeded only by his dynamic attempts to become thoroughly knowledgeable about the needs of his community and to implement programs to meet these needs. His participation in community groups' and organizations' activities has provided him with direct information--free of hospital boards and internal politics--as to what is needed and wanted in the community. He has also contributed his considerable management experience and talents. Drawing upon the vast amounts of organizational resources possessed by managers of complex institutions and his contacts with individuals outside the hospital, he was able to work cooperatively with community leaders in meeting the health needs of the community. This

management strategy assisted him in developing and implementing 25 to 30 new programs and services in the community.

Testing the Model

Our initial efforts focused on examining the relationship between how the model ranked students and how individual faculty would rank the same students. To do this we first ranked all the students by aggregating their scores across indicies. Scores ranged from a low of 842 to a high of 1,678. Students who were ranked toward the top scored high on all four indicators. Similarly, those scoring low were ranked toward the bottom. Six faculty members were asked to review 260 surveys (130 each from the top and bottom group of students) and rate students on their administrative potential.

Results revealed each judge's ranking correlated more highly (ranging from .37 to .48) with rankings derived through the model than with the other judges (ranging from .11 to .37). These results, in part, are due to information overload. Judges, when faced with such an abundance of information, tended to weigh and judge factors differently. At this point, greater demands are placed upon human judgment for integration of information, which detracts from the accurancy of the subjective decision process. One of the major assets of the model proposed may be to minimize inconsistency in human decision-making by reducing the risk of information overload and fatigue.[32]

Summary

The proposed model differs in its derivation from other management models in that the formative dimensions of administrative success potential are derived from information obtained prior to management training, or successful health management experience. The premise being certain qualities of managers are established and may be demonstrated early. Rankings on the four indicators

might be determined when a student completes an undergraduate program and based on the derivation of indicators scores are likely to be comparatively stable over time. Thus, keying in on indicators that reflect skills and abilities needed by administrators, this model of management success potential may provide a vehicle for improving the quality of health care administrators entering the field.

The model discussed needs further development and improvement for successful and reliable utilization. In addition, follow-up data on the success or failure of students initially studied in the fall of 1975 is critical to establish the predictive validity of the model's dynamism, open-mindedness, balance, and experience indicators.

Although exploratory, this pilot project examines the possibility of developing a model which captures consistent components of human decision-makers while simultaneously minimizing the effects of inconsistent factors. Top managers will need harmony among indicators if they are to be successful. Those who are dynamic without being open-minded may face the prospect of never seeing their programs implemented, or on the other hand, implemented so quickly and inadvisedly, that they lack staff or community support and are doomed to failure. Similarly, the manager who is open-minded and employs staff who are both dynamic and possess a great deal of experience and expertise but who rank low on the balance dimension and so cannot withstand pressure, is likely to have a difficult time.

FIGURE I

FORMATIVE DIMENSIONS OF ADMINISTRATIVE SUCCESS POTENTIAL

I. Dynamism
   - A. Social Commitment
   - B. Getting along with others
   - C. Leadership

II. Open-mindedness
   - A. Age
   - B. Flexibility
   - C. Technical ability

III. Balance
   - A. Emotional stability
   - B. Ability to cope with pressure
   - C. Realistic self-appraisal

IV. Experience
   - A. Intellectual achievement
   - B. School rating
   - C. Technical ability

FOOTNOTES

1. D. Katz & R. Kahn, Social Psychology of Organization, New York, John Wiley and Sons, 1966.
2. R.F. Allison, W.L. Dowling, & F.C. Munson, "The Role of the Health Services Administrator and Implications for Education," In Education for Health Administration, Vol. II, Ann Arbor, Health Administration Press, 1975, pp. 147-182.
3. Henry Mintzberg, "The Manager at Work - Determining His Activities, Roles, and Programs by Structured Observ ation," Ph.D. Thesis: M.I.T. Sloan School of Management, 1968.
4. H.J. Dupuy & G. Gruvaeus, "The Construction and Utility of Three Indexes of Intellectual Achievement: An Index of Intellectual Development, A Socio-Intellectual-Status Index, and A Differential-Intellectual-Development," Unpublished manuscript, 1977, Available from Division of Health Examination Statistics, Rockville, Md.
5. A.M. Mitchell, B.C. Jones, & J.D. Krumbholtz, (Eds.) "A Social Learning Theory of Career Decision Making," Report No. NIE-2-74-0134. Palo Alto, Calif., American Institutes for Research, 1975.
6. S.P. Huntington, The Soldier and the State, Harvard University Press, 1957, pp. 453-455.
7. R.A. Gordon, Business Leadership in the Large Corporation, University of California Press, 1961, pp. 306-311.
8. J. Barbash, American Unions: Structure, Government, and Politics, Random House, 1967, p. 86.
9. M.H. Bernstein, "The Presidency and Management Improvement," Law and Contemporary Problems, Vol. 35, Summer, 1970, pp. 517-18.

10. M.O. Cohen & J.G. March, Leadership and Ambiguity: The American College President, McGraw Hill, 1974.

11. C.W. Randle, "Promotable Executives," In P. Meadows, Industrial Man, No. 14, Syracuse University Press, 1965, pp. 50-63.

12. S. Hess, Organizing the Presidency., The Brookings Institution, 1976, p. 194.

13. R.R. Sears, "Scurces of Life Satisfactions of The Terman Gifted Men," American Psychologist, February, 1977, pp. 119-128.

14. M. Hess, "Models versus Paradigms in the Natural Sciences," In L. Collins, ed., The Use of Models in the Social Sciences, Westview Press Boulder, Colorado, 1976, pp. 7-9.

15. L.A. Quatrano, A Theoretical Model Predicting Professional Potential of Health Administrators, Unpublished manuscript available from author.

16. G.G. Alpander & J.A. Gutmann, "A Model for Measuring the Impact of Change in an Organization," Hospital and Community Psychiatry, Vol. 25 No. 11, November, 1974, pp. 719-723.

17. D.F. Phillips, "Minorities in Administration," Hospitals, Vol. 48, 1974, pp. 49-104.

18. L.E. Crawford, "Hospital De-Ministration: Experiences in Six Teaching Hospitals," The Medical Journal of Australia, I, 1975, pp. 348-353.

19. M. Silber & J.O. Proe, "Management for Effectiveness," Dimensions in Health Service, February, 1975, pp. 34-40.

20. M. Haire, "Role Perceptions in Labor Management Relations: An Experimental Approach," Industrial and Labor Relations Review, VIII, 1955, pp. 204-216.

21. V. Vroom & P. Yetton, "Leadership and Decision-Making," University of Pittsburgh Press, 1973, pp. 204-208.

22. L.E. Crawford, "Hospital," 1975.

23. H.P. Sims, Jr. & A.D. Szilasyi, "Leadership Structure and Subordinate Satisfaction for Two Hospital Administrative Levels: A Path Analysis Approach," Journal of Applied Psychology, Vol. 60, No. 2, 1975, pp. 194-197.

24. B. Georgopoulos, Organizational Research on Health Institutions, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 1972, p. 24.

25. R.G. Carey, "Measuring Organizational Climate," Hospital Progress, February, 1975, pp. 53-57.

26. S. Jourard, The Transparent Self (Rev. Ed.), Van Nostrand Reinhod, New York, 1971.

27. S. Jourard, Self Disclosure, Wiley-Interscience, New York, 1971

28. J. Hahn, "Ethical Conduct of the CEO," Hospital Progress, November 1975 pp. 36-40.

29. W.C. Richardson, "Management Education for Health Services," International Journal of Health Services, Vol. 6, No. 1, 1976, pp. 25-33.

30. D.F. Phillips, "Minorities in Administration," p. 51.

31. Ibid. 49

32. P.J. Hoffman, "A Model for the Calibration of Academic Experience," Paper presented at the AUPHA Second Faculty Institute on Student Admissions, Chicago, Illinois, May 1, 1977.